								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									6735722					
CLAIMS AS FILED - PART (Column 1)						(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			ä					RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			<i>q</i> minus 20=		. 9			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS					* /			X43=			OR	X86=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=			OR	+290=		
* If	the difference	in column 1 is l	less than zero, enter		"0" in column 2		•	TOTAL			OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								1017	1 L		UN	OTHER		
	C	(Column 1)	(Colum			(Column 3)		SMALL		ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE TI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=		X43	=		OR	X86=		
٨	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDEN	T CLAIM]	+145	·			+290=		
									TAL		OR	TOTAL		
								ADDIT.			OR	ADDIT. FEE		
		(Column 1)			mn 2) ⊣EST	(Column 3)	1	Γ		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RAT	Ε	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X43	S =		OR	X86=		
٩	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIN		L	+145	5=		OR			
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEI		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	9=		OF	X\$18=		
	Independent	*	Minus	***		=		X43	 3=		OF	X86=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		 	1			
		1 .o.loso the= 4	no ontre in co	lumn 2 umi	ita "O" in o	olumn 3		+14		ļ	OR	+290= TOTA		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OF	ADDIT. FE	Ē L	
	The Highest Nur	mber Previously Pa	id For" (Total	or Indepen	dent) is th	ne highest num	ber f	ound in t	he a	ppropriate b	ox in o	column 1.		